## PATENT APPLICATION FÉE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004

10/523375

| CLAIMS AS FILED - PART I  |  |   |  |                               |  |                               |     | SMALL ENTITY |                        |    | OTHER THAN                 |                        |
|---|--|---|--|-------------------------------|--|-------------------------------|-----|--------------|------------------------|----|----------------------------|------------------------|
|   |  |   | (Column  | 1)                            | (Column 2)                             |                               | · - | TYPE         | <u> </u>               | OR | SMALL E                    | MIIIY                  |
| U.S. NATIONAL STAGE FEES  |  |   |  |                               |  |                               |     | RATE , '     | FEE                    |    | RATE                       | FEE                    |
| BAS   | IC FEE   |   | SMALL ENT.   | = \$ 150                      | LARGE ENT. = \$ 300                    |                               | E   | SASIC FEE .  |                        | OR | BASIC FEE                  | 300                    |
| EXA   | MINATION FE                                    | E   | Satisfies PCT Art<br>(4) = \$50 /                                    |                               | All other situations = \$ 100 / \$ 200 |                               |     | XAM. FEE     |                        |    | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               |  | ner situations = 250 / \$ 500 | s   | SEARCH FEE   |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |                               |  | / 50 =                        |     | X \$ 125 =   |                        |    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | / () minus 20 =  |                               | *                                      |                               |     | X \$ 25 =    |                        | OR | X \$ 50 =                  |                        |
| INDE  | PENDENT CL                                     | AIMS                                      | _ / mi   | inus 3 =                      | *                                      |                               |     | X \$ 100 =   |                        | OR | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | SENT   |                               |  |                               |     | + \$ 180 =   |                        | OR | + \$ 360 =                 | ,                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                               |  |                               |     | TOTAL        |                        | OR | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |                               |  |                               |     | SMALL ENTITY |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA              |     | RATE         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                            |  | =                             | ſ   | X \$ 25 =    |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus  | ***                           |  | =                             |     | X \$ 100 =   |                        | OR | X \$ 200 =                 |                        |
| '   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                               |     | + \$ 180 =   |                        | OR | + \$ 360 =                 |                        |
|   |  |   |  |                               |  |                               |     | FEE          |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |  | (Colur                        | mn 2)                                  | (Column 3)                    | _   |              |                        |    |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIC<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA              |     | RATE         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                            |  | =                             |     | X \$ 25 =    |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus  | ***                           |  | =                             |     | X \$ 100 =   |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                               | ſ   | + \$ 180 =   |                        | OR | + \$ 360 =                 |                        |
|   |  |   |  |                               |  |                               |     | FEE          |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                               |  |                               |     |              |                        |    |                            |                        |